Two Week Sleep Diary

INSTRUCTIONS:

1. Write the date, day of the week, and type of day (i.e. Work, school, day off, vacation, etc.)
2. Write “C” on days when you have coffee, cola or tea, “M” on days when you take medication, “A” when you drink alcohol, and “E” when you exercise.
3. Indicate when you go to bed (i.e. Check or “X” the box for the appropriate time)
4. Shade all boxes that show sleep time at night or naps during the day
5. Leave all boxes that show awake time at night or during the day

DATE	DAY	TYPE	Noon	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	MID-NIGHT	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM
SAMPLE	Mon.	Work.		E					A				X									CM				

AMERICAN ACADEMY OF SLEEP MEDICINE
WAKE
SLEEP